

Summit County Assessor
208 E. Lincoln Ave.
P.O. Box 276
Breckenridge, CO 80424
970-453-3480
Office Hours: 8:00 a.m to 5:00 p.m. Monday-Friday
personalproperty@summitcountyco.gov
www.summitcountyco.gov

## 2015 STATE OF COLORADO PERSONAL PROPERTY DECLARATION SCHEDULE

(Any changes of Name, Address, Furniture, or Equipment may be made directly to this form.)  DUE DATE: APRIL 15, 2015						
	EDULE/ACCOUNT NUMBER	<u>T.A. C</u>	<u>ODE</u>		B.A. CODE	
SECTION A: OWNER N Owner Name Mailing Address City, State, Zip	AME AND ADDRESS					
Name						
SECTION B: PHYSICAL	LOCATION OF THE PROPERTY					
Location Address City, State, Zip Business Type						
SECTION C: CONTACT	INFORMATION					
Phone Cell E-Mail						
E-IVIdII						
	olete itemized list of all furniture, tools, and on ment. Submit original installed cost only (no					
OFFICE USE ONLY	ITEM DESCRIPTION	YEAR ACQUIRED	NEW / USED	QUANTITY	ORIGINAL INSTALLED COST \$/EACH	MONTH/YEAR PLACED IN USE
Comments:						